**CANADIAN ACADEMY OF SPORT AND EXERCISE MEDICINE**
**&**
**ASSOCIATION QUÉBÉCOISE DES MÉDECINS DU SPORT ET DE L'EXERCICE**

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## CALL FOR RESEARCH ABSTRACTS

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You are invited to submit an abstract of original research for consideration for presentation at **The Scientific Program** of **CASEM and AQMSE's annual Sports Medicine Symposium (27 April to 30 April 2022)** being held at the Fairmont Chateau Frontenac in Quebec City, Quebec.

You are invited to submit an abstract of original research for consideration for poster and podium presentation. Research in all topics related to the clinical practice of Sport and Exercise Medicine will be considered including:

- *Exercise Medicine*
- *Sport Epidemiology*
- *Sport Injury Prevention*
- *Sport Injury Treatment and Rehabilitation*
- *Sport Nutrition*
- *Sport Psychology*
- *Sport Science/Physiology*
- *Sport and Special Populations (pediatric, women, disabilities, etc.)*

## GUIDELINES FOR ABSTRACT SUBMISSION

**1.** Abstracts can only be submitted online via the Clinical Journal of Sport Medicine's online manuscript submission and review system at the following link: http://cjsm.edmgr.com/

**2.** Select "Register" (for first time users) or "Submit a Manuscript" from the banner at the top of the page and follow the prompts, completing all information requested, as applicable. For "Article Type", select among the list of topics above as applicable.

**3.** Please follow these formatting instructions when submitting your abstract:
- Maximum abstract length of 350 words (not including author(s) and institution names or headings).
- Abstracts should be saved and uploaded in MS Word format and all sections should be double spaced.

- **Author(s) –** Provide full given name, initial(s), and highest academic and/or clinical degree, e.g., MD, PhD, etc., of all contributing authors; do not include fellowship information**,** e.g., FACSM, etc.; list all authors in the order in which they contributed; John Smith, MD,[1] Jane Doe, PhD[2]**.**
- **Affiliation(s)** – Provide institution/organization name, city, state/province, and country of all contributing authors, with superscripted number indicating related affiliation, e.g., [1]institution, city, state, country; [2]institution, city, province, country.
- **Results -** Abstracts must contain results (abstracts with phrases such as "… results and conclusions will be presented …" will not be considered).
- **Tables/Figures** – Tables and figures may NOT be used in the Results section.
- **Abstract section headings** – Please only use the following section headings in your abstract:

  *Original Research Abstracts:* Abstract Title, Author Name(s), Affiliation(s), Objective, Study Design, Subjects, Intervention/Observation Technique, Outcome Measures, Results, Conclusions, Acknowledgements.

  *Systematic Review Abstracts:* Abstract Title, Author Name(s), Affiliation(s), Objective, Data Sources, Main Results, Conclusions, Acknowledgements.

**4**. Abstracts must be written in English.

**ABSTRACTS THAT DO NOT FOLLOW THE ABOVE FORMAT WILL AUTOMATICALLY BE REJECTED WITHOUT REVIEW**

## ABSTRACT SUBMISSION DEADLINE

**Abstracts must be submitted online by December 31st 2021 at 24:00 hours (Eastern Standard Time).**

## ABSTRACT SUBMISSION PROCESS QUESTIONS

Should you have any questions regarding the submission process, please contact:

*Gloria Adams-Hanley, Managing Editor*
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*Fax: 215-827-5586*

# SAMPLE ORIGINAL RESEARCH ABSTRACT

**Abstract Title: The Effectiveness of Patellar Bracing for Treatment of Patellofemoral Pain Syndrome**

**Author Names:** Victor M.Y. Lun, MSc, MD, J. Preston Wiley, MSc, MD, Willem H. Meeuwisse, MD, PhD, and Teri L. Yanagawa, MSc.

***Affiliation:*** *University of Calgary Sport Medicine Center, Calgary, AB, Canada.*

**Objective:** To determine the effectiveness of patellar bracing for treatment of patellofemoral pain syndrome (PFPS).

**Study Design:** Prospective, randomized, single blinded clinical trial.

**Subjects:** One hundred thirty-six subjects (79 females and 57 males with a total of 197 affected knees) diagnosed with PFPS.

**Intervention:** Subjects were randomly assigned to 1 of 4 treatment groups: 1) Home exercise program; 2) Patellar bracing; 3) Home exercise program with patellar bracing; and 4) Home exercise program with knee sleeve.

**Outcome Measures:** The outcome measurements were knee function (KF) and 10 cm visual analog scale (VAS) pain ratings for three different situations: knee pain during sport activity, knee pain 1 hour after sport activity, and knee pain after sitting with knees bent for 30 minutes. The outcome measurements were assessed at baseline, 3, 6, and 12 weeks. The investigators were blinded to the treatment group of each subject. Ninety-five percent confidence intervals (95% CI) were calculated for the change in KF and VAS pain ratings from baseline measurement to 12 weeks.

**Results:** There was no difference in the 95% CI in the change of KF and VAS pain ratings between the 4 treatment groups over 12 weeks.

**Conclusions:** Symptoms of PFPS improved over time in terms of pain and knee function regardless of the treatment group. Patellar bracing did not improve the symptoms of PFPS more quickly when added to a home program of leg strengthening. However, patellar bracing alone can improve the symptoms of PFPS.

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# SAMPLE SYSTEMATIC REVIEW ABSTRACT

**Abstract Title: Surgical Management of Labral Tears during Femoroacetabular Impingement Surgery: A Systematic Review of the Literature**

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**Objective:** This systematic review explored reported outcomes addressing FAI, specifically those comparing labral debridement to labral repair. In addition, the quality of the evidence was evaluated for the purposes of making treatment recommendations.

**Data Sources:** Three databases (MEDLINE, EMBASE, and PubMed) were searched for comparative studies involving labral repair and debridement during FAI surgery. Two reviewers conducted a title, abstract, and full-text review of eligible studies and the references of these studies. Inclusion and exclusion criteria were applied to the searched studies, data was extracted, and a quality assessment was completed for included studies.

**Main Results:** We identified 6 eligible studies involving 490 patients. The most commonly reported outcome measure was the modified Harris Hip Score (50%).

All studies reported that labral repair had greater postoperative improvements in functional scores (Modified Harris Hip, Non-Arthritic Hip, Hip Outcome and Merle d'Aubigne Scores) compared to labral debridement. Five studies reported statistically significant improvements with labral repair. Modified Harris Hip Scores were pooled to demonstrate a clinically important difference in favor of labral repair by 7.41 points in 3 studies. The mean individual study quality can be considered fair. However, the overall quality of the body of evidence in this review is rated as low according to GRADE guidelines.

**Conclusions:** This review demonstrates a reporting of better clinical outcomes with labral repair compared to labral debridement in all studies with 5 of 6 studies reporting statistically significant improvements (of repair over debridement). However, given the lack of high quality evidence and associated limitations in study design, these results should be interpreted with caution. Consequently, definitive treatment recommendations are limited.

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(original paper in Clin J Sport Med. 2014;24:e48).